

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION NO.
10/070349

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	3		/		/	
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	/					
12	/					
13	/					
14	3					
15	0					
16	0					
17			/		/	
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TOTAL IND.	2	↓	2	8	2	↓
TOTAL DEP.	18	↑	8	8	8	↑
TOTAL CLAIMS	20		10		10	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓				
TOTAL DEP.		↑		↓		↑
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS